

<i>SERFF Tracking Number:</i>	<i>AEGB-127733253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50123</i>
<i>Company Tracking Number:</i>	<i>SA03 0911</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>SA03 0911</i>		
<i>Project Name/Number:</i>	<i>Supplemental Application/L027-1</i>		

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: SA03 0911

SERFF Tr Num: AEGB-127733253 State: Arkansas

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed-Approved- State Tr Num: 50123

Adjustable Life

Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: SA03 0911

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Joanne Nolte

Disposition Date: 11/01/2011

Date Submitted: 10/28/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Supplemental Application

Status of Filing in Domicile: Pending

Project Number: L027-1

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Concurrently

Submitted

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/01/2011

State Status Changed: 11/01/2011

Deemer Date:

Created By: Joanne Nolte

Submitted By: Joanne Nolte

Corresponding Filing Tracking Number: SL:

30822730, 30822760

Filing Description:

Commissioner of Insurance

Arkansas Insurance Division

Compliance - Life/Health

1200 West Third Street

Little Rock, AR 72201-1904

RE: STONEBRIDGE LIFE INSURANCE COMPANY NAIC#468-65021

<i>SERFF Tracking Number:</i>	<i>AEGB-127733253</i>	<i>State:</i>	<i>Arkansas</i>
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Form Numbers:

SA03 0911S – Fixed Settlement Endorsement Election

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form and is not intended to replace any forms previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

Fixed Settlement Endorsement Election – is a supplemental application that will be used by the policy owner to elect their Net Death Benefit settlement option at the time of policy issue.

We intend to use the Fixed Settlement Endorsement Election with the Income Protection Option (a Fixed Settlement Endorsement) form IPO02 which was approved on October 12, 2011 by your department under SERFF Tracking # AEGB- 127621941.

This supplemental application will be used via paper by licensed agents. We intend to use these forms in a traditional manner whereby the owner/applicant signs the application in ink and submits the application to the Company.

We also plan to make this application form available electronically. It is our intent to use this application form in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the owner/applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal E-SIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic application in such a manner that the electronic signature is invalidated if any of the data on the application is changed. We also certify that such electronic signature intended for use with these applications will not be affixed to or duplicated on any other document.

A copy of this application, identical to the filed form, will be printed and made part of any policy issued.

SERFF Tracking Number: AEGB-127733253 State: Arkansas
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Company Tracking Number: SA03 0911
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: SA03 0911
Project Name/Number: Supplemental Application/L027-1

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Joanne D. Nolte
Policy Analyst, Contract Development
(515) 339-7519
Fax #: (319) 355-2501
Joanne.nolte@transamerica.com

Company and Contact

Filing Contact Information

Joanne Nolte, Analyst jnolte@aegonusa.com
4333 Edgewood Rd. NE 515-339-7519 [Phone]
MS 2225 319-355-2501 [FAX]
Cedar Rapids, IA 52499

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
4333 Edgewood Rd. NE Group Code: 468 Company Type: Life & Health
Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 355-8511 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form x 1 form = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	10/28/2011	53279137

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<i>Project Name/Number:</i>	<i>Supplemental Application/L027-1</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2011	11/01/2011

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Disposition

Disposition Date: 11/01/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form	Income Protection Option Election		Yes

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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
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Form Schedule

Lead Form Number: SA03 0911S

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SA03 0911S	Application/ Income Protection Enrollment Option Election Form	Initial		51.200	SA03 0911S.pdf



Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499]

INCOME PROTECTION OPTION ELECTION

You have requested payment of the death benefit of your policy through the Fixed Settlement Endorsement. The payments stated below are the amounts requested by you. Actual payment amounts will be made as outlined in the Fixed Settlement Endorsement and the Policy Data. This form will be made part of your policy. If there are multiple beneficiaries listed on the application, the payments below will be split between them as indicated in the beneficiary section of the application.

The undersigned owner hereby requests that the death benefit be paid as follows:

Initial Lump Sum

\$_____ paid to the Beneficiary when the company determines that the policy's death benefit is payable. (If elected a minimum of [\$10,000] is required.)

Monthly Payments

\$_____ per month paid to the Beneficiary for the Guaranteed Period.
(If elected a minimum of [\$100] is required.)

Guaranteed Period

The amount of time during which monthly payments shall be made and/or the duration until the Final Lump Sum is paid is _____ years (must be at least [5] years and not more than [25] years).

Final Lump Sum

\$_____ paid to the Beneficiary at the end of the Guaranteed Period.
(If elected a minimum of [\$10,000] is required.)

Signature of owner

Date

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Company Tracking Number:	SA03 0911		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	SA03 0911		
Project Name/Number:	Supplemental Application/L027-1		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR - Rule and Regulation 19.pdf Flesch Score (SL).pdf		
Satisfied - Item: Application Comments: This supplemental application will be used with previously approved application L 114 0107 AR which was approved by the AR DOI on 3/14/2007.		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable. Comments:		
Satisfied - Item: Statement of Variability Comments:		

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Attachment:

SA03 0911 Statement of Variability.pdf

STONEBRIDGE LIFE INSURANCE COMPANY

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number: SA03 0911S

Date: October 27, 2011

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

FLESCH READABILITY CERTIFICATION
STONEBRIDGE LIFE INSURANCE COMPANY

Form Number (may vary by state)

SA03 0911S

Flesch Score

51.2

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.



Cheryl Bock
Assistant Vice President

10/18/11
Date

STATEMENT OF VARIABILITY

SUPPLEMENTAL APPLICATION: SA03 0911

We have bracketed the variable items in this form. No change in the variability will be made which in any way expands the scope of the wording. We reserve the right to correct, at any time, any and all typographical errors that do not impact the benefits or intent of language.

SA03 0911 – Fixed Settlement Endorsement (Income Protection Option Election) Application

1. **Administrative Office Address:** The Administrative Office address may change to another location in the future.
2. **Initial Lump Sum:** The minimum amount required is currently \$10,000 but could change in the future.
3. **Monthly Payments:** The minimum amount is currently \$100 but could change in the future.
4. **Guaranteed Period:** The amount of time during which monthly payments shall be made, if elected, currently is at least 5 years and not more than 25 years. This could change in the future.
5. **Final Lump Sum:** The minimum amount required is currently \$10,000 but could change in the future.